

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000001407

**Entity Name:** UNITED APOSTOLIC CHURCH OF JESUS CHRIST, INC.

**Current Principal Place of Business:**

14602 MAIN ST.  
GRENTA, FL 32332

**Current Mailing Address:**

P. O. BOX 436  
GRENTA, FL 32332 US

**FEI Number: 71-0960903**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

BAKER, LINDA  
21 QUARTERMAN RD.  
QUINCY, FL 32351 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title ASST. SECRETARY  
Name BAKER, LINDA  
Address 21 QUARTERMAN RD.  
City-State-Zip: QUINCY FL 32351

Title VP  
Name GAMMON, ODIS  
Address 867 HOWELL RD  
City-State-Zip: QUINCY FL 32352

Title P  
Name GAMMON, JULIA  
Address 867 HOWELL RD.  
City-State-Zip: QUINCY FL 32352

Title SECRETARY  
Name CAMPBELL, SONYA  
Address 332 DAVID CLEMONS RD.  
City-State-Zip: QUINCY FL 32352

Title C/D  
Name JOHNSON, ABE DR.  
Address 4085 BOTHWELL TERRACE  
City-State-Zip: TALLAHASSEE FL 32317

Title VC  
Name SAULTER, EARL SR.  
Address 1066 PORTER MITCHELL RD.  
City-State-Zip: QUINCY FL 32352

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: ODIS E. GAMMON**

**V/P**

**04/19/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date